



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

Commissioner for Patents Washington, D.C. 20231 (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUB FRB and PUBLICATION FRB (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FBB ADDRESS" for maintenance fee notifications.

CORREST COMPANION REPORTED (NOR: Deploy Mentury Williamy contouring of the brook 1)

7590

04/22/2003

**NIXON & VANDERHYE, PC** 1100 N GLEBE RÓAD 8TH FLOOR **ARLINGTON, VA 22201-4714** 



Note: A certificate of mailing can only be used for demestic mailings of the Reo(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Maffling or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the
United States Fostal Service with sufficient postage for first class mail in an
envelope addressed to the Box Issue Fee address above, or being facsimile
transmitted to the USPTO, on the date indicated below.

CONFERMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 7097 03/27/2001 Takashi Kojima P 279241 U3-0060-YK 09/817,133

TITLE OF INVENTION: GAS SENSOR HAVING IMPROVED STRUCTURE FOR INSTALLATION OF PROTECTIVE COVER

					•
APPLN. TYPE	SMALL ENTITY	issue fee	PUBLICATION FEB	TOTAL FEE(S) DUB	DATE DUB
nonprovisional	NO	\$1300	\$300	\$1600	07/22/2003
ET ALCOH		ART UNIT	CLASS-SUBCLASS		
EXAMINER HARRISON, MONICA D		2829	073-023310		•
<ol> <li>Change of correspondence CFR 1.363).</li> </ol>	e address or indication of		For printing on the patent from names of up to 3 registered;	7 7 4	4 WANDEDINE DA
Li Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.			the names of up to 3 registered patient attorneys or agents OR, atternstively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
O "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custamer Number is required.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON THE PA	TENT (print or type)	·	
PI RASE NOTE: Unios an	assignee is identified bel the USPTO or is being s	ow, no assignee data will a ubmitted under separate co	oppear on the patent. Inclusion of ver. Completion of this form is N DENCE: (CITY and STATE OR	(OT 6 ambattance not mind an war	ate when an assignment has ignment.
PENSO CORPO	RATION	A	ICHI-PREF., JAPA	N	•
Please check the appropriate		pries (will not be printed or	the patent)	Scorporation or other private	group entity Q government
4a. The following fee(s) are a	nclosed:	4b. Payme	nt of Fee(s):		
Massac Fee		CAA check in the amount of the fee(s) is enclosed.			
Publication Fee		D Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Co	pies <u>6</u>	The Commissioner is hereby authorized by charge the required fee(s), or credit any overpay  Deposit Account Number 14-1140 (enclose an extra copy of this form).			
Commissioner for Patents is r	equested to apply the Lisu	e Fee and Publication Fee (	if any) or to re-apply any previo	usly paid issue fee to the applic	ation identified above.
(Authorized Signature)	~/ ·	(Date)			- <del></del>
Chris Comunt	zis. 31 097	6/12/03			
NOTE: The same Kee and other than the applicant; a interest as shown by the rec	Publication Fee (II requ	will not be accepted	from anyone		
other than the applicant; a	registered statemey of a cords of the United States	Patent and Trademark Offic	c. 1) 66/12/200	2 MINITEMAR 000000E3 090	17123
This collection of informer obtain or rotain a benefit	ion is required by 37 Ca	R 1.311. The information	is required to		1200 00 00
obtain or retain a benefit application. Confidentiality	by the public which is to	file (and by the USPIO to 122 and 37 CFR 1.14. Thi	o process) an	1	<b>11.0 6</b>
estimated to take 12 minus	ES TO COMPENSO TRANSMINE	and the state of t	the individual G. FC 1	î	11.00 D
completed application for case. Any comments on	na to the USPIU. Inne vot the annount of time you	require to complete this	form and/or		
Land Chill Andrews	سم منا اداست ا	A SA SEA ("BAST INTERPORTATION	CHIERE, U.D. 1		
moderations the research t	THE DESIGNATION OF THE	Commerce Washington D. S TO THIS ADDRESS	C 2023 LDO I		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMIT THIS FORM WITH FEE(S)